

Cause No. _____

_____	§	IN THE DISTRICT COURT OF
VS	§	FORT BEND COUNTY, TEXAS
_____	§	____ JUDICIAL DISTRICT

MOTION TO WITHDRAW FUNDS FOR HEALTH, EDUCATION, AND SUPPORT OF MINOR CHILD/BENEFICIARY

NOTICE: ALL INFORMATION MUST BE COMPLETELY PROVIDED OR THIS MOTION WILL NOT BE CONSIDERED BY THE COURT

NAME OF MINOR CHILD/BENEFICIARY: _____

SOCIAL SECURITY NUMBER OF MINOR CHILD/BENEFICIARY: _____

COMES NOW _____, Applicant herein, and respectfully requests the Court to allow withdrawal of invested funds on deposit in this cause of action for the use and benefit of the above-named Minor Child/Beneficiary. Applicant would show the Court that withdrawal of a portion of the funds currently in the registry of the court in this case is necessary for the following reasons:

Purpose for Expenditure	Amount Requested
TOTAL	\$

Applicant hereby certifies that withdrawal of such funds is in the best interest of the Minor Child/Beneficiary and that all funds withdrawn will be used for the purpose(s) set out above. If

Applicant is the parent or legal guardian of said Minor Child/Beneficiary, Applicant further certifies that there are no other funds available to provide for such necessities.

It is therefore requested that this Court enter an order directing the District Clerk of Fort Bend County, Texas, to issue payment to Applicant for the sum requested to be used only for the health, education, and support of the Minor Child/Beneficiary, as specified above.

WHEREFORE, premises considered, Applicant prays that the relief requested herein be granted.

SUBMITTED on this the _____ day of _____, 20_____.

_____, Pro Se (Applicant's Signature) _____ (Applicant's Social Security Number)

_____, (Applicant's Printed Name) _____ (Area Code) (Telephone)

_____, (Street, City, State, Zip Code)

Amount of Initial Deposit into the Registry of the Court: \$ _____

Amount of Funds Currently in the Registry of the Court: \$ _____

On this day personally appeared the above Applicant who, after being duly sworn, stated that the information contained in this Application is true and correct.

SWORN TO AND SUBSCRIBED before me, the undersigned authority, by the above Applicant on this the _____, day of _____, 20_____.

(Notary Certificate, if appropriate)

Deputy District Clerk / Notary Public